



ARIZONA DEPARTMENT OF PUBLIC SAFETY

2102 WEST ENCANTO BLVD. P.O. BOX 6638 PHOENIX, ARIZONA 85005-6638

(602) 223-2000

"Courteous Vigilance"

JANICE K. BREWER ROGER VANDERPOOL
Governor Director

PLEASE CHECK THE APPROPRIATE SECTION AND PROVIDE NEEDED INFORMATION OR DOCUMENTATION

- _____ This is to request a permit in the new style. I am enclosing a \$10 money order, cashier's check or certified check; payable to AZ DPS, to process my request. I understand that I am responsible for returning the old permit when I receive the new permit. My permit number is: _____.
- _____ My permit has an error and a replacement permit is requested. I understand that I am responsible for returning the incorrect permit when the corrected permit is received. I understand no additional fee is required. My permit number is: _____.
- _____ My permit has been lost or stolen and a replacement permit is requested. I understand that my previous permit number will be cancelled and a new permit number issued. I am enclosing a \$10 money order, cashier's check or certified check; payable to AZ DPS, to process my request. **Please complete box #1 below.**
- _____ There has been a change of address or telephone number regarding my permit. I understand no fee is required and no new permit will be received; this is an administrative change only. My permit number is : _____. **Please complete box #2 below.**
- _____ I did not receive my permit and a replacement permit is requested. I understand no additional fee is required. **Please complete boxes #1 & #2 below.**
- _____ I have legally changed my name. I have enclosed a copy of the court document or marriage certificate showing the change. I am enclosing a \$10 money order, cashier's check or certified check; payable to AZ DPS, to process my request. I understand that I am responsible for returning the old permit when I receive the new one. I understand that my new permit will have the same number as my current permit (unless this request is combined with notice of a lost/stolen permit). **Please complete box #1 below.**

COMPLETE THE APPROPRIATE BOX BELOW AND MAIL TO:

Arizona Department of Public Safety

PO Box 6488

Phoenix, AZ 85005-6488

Or FAX to: 602-223-2928 if no fee is required

Box #1 PLEASE PRINT CLEARLY

Name _____ DOB: _____

Last, First MI

Race ____ Sex ____ Height ____ Weight ____ Hair ____ Eyes ____

Box #2 PLEASE PRINT CLEARLY

New Residence Address

Str. #, Str. Name, Apt. or Sp#: _____

City, State, Zip: _____

New Mailing Address

Str#, Str. Name, Apt. or Sp#: _____

City, State, Zip: _____

New telephone #: (H) _____ (W) _____

Phoenix (602) 256-6280 *** Outside metropolitan Phoenix, but within Arizona 1-800-256-6280 *** Fax (602) 223-2928

Business hours 8:00 - 5:00 Monday through Friday

www.azdps.gov/ccw